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PTO/SB/81 (02-01)

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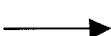
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Yat Sun Or
Title	Cyclosporin Analogs
Group Art Unit	TBD
Examiner Name	TBD
Attorney Docket Number	ENP-031

I hereby appoint:

Practitioners at Customer Number



Place Customer
Number Bar Code
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OR

Practitioner(s) named below:

Name	Registration Number
Sandhya L. Kalkunte	46,466
Ronald B. Goldstein	32,897

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sandhya L. Kalkunte				
Address	Enanta Pharmaceuticals, Inc.				
Address	500 Arsenal Street				
City	Watertown		State	MA	Zip 02472
Country	USA				
Telephone	617-607-0800		Fax	617-621-9574	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Spiros Jamas, Sc.D., CEO and President, Enanta Pharmaceuticals, Inc.	
Signature		
Date	9/28/01	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of Two forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: ENANTA PHARMACEUTICALS, INC.

Application No./Patent No.: _____ Filed/Issue Date: _____

Entitled: CYCLOSPORIN ANALOGS FOR THE TREATMENT OF LUNG DISEASES (Atty. Doc.- ENP-031)ENANTA PHARMACEUTICALS, INC., a CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.

The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

10/1/01

Date

Spiros Jamas, Sc.D.

Typed or printed name

S. Jamas

Signature

CEO and President

Title

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	ENP-031
First Named Inventor	Yat Sun Or
COMPLETE IF KNOWN	
Application Number	/
Filing Date	10/12/01
Group Art Unit	TBD
Examiner Name	TBD

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CYCLOSPORIN ANALOGS FOR THE TREATMENT OF LUNG DISEASES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name Sandhya L. Kalkunte (Reg. No. 46,466)

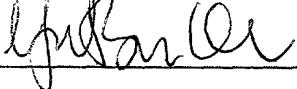
Address Enanta Pharmaceuticals, Inc., 500 Arsenal Street

City	Cambridge	State	MA
Country	USA	Telephone	(617)-607-0800
			Fax (617)-621-9574

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Yat Sun
Family Name Or or Surname	

Inventor's Signature	Date
	9/28/01

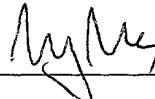
Residence: City	MA	Country	USA
Cambridge	MA	USA	Citizenship

Mailing Address 225 Walden Street, 2A

City	MA	ZIP	Country
Cambridge	MA	02140	USA

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name Lazarova
or Surname	

Inventor's Signature	Date
	9/26/01

Residence: City	MA	Country	Citizenship
Brookline	MA	USA	Bulgaria (BG)

Mailing Address 32 Parkway Road # 3

City	MA	ZIP	Country
Brookline	MA	02445	USA

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.